

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 49

## BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> <b>MIKE GRAVEL FOR PRESIDENT 2008</b>		<b>2. IDENTIFICATION NUMBER</b> C00423202
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1600 N OAK ST #1412		
<b>CITY, STATE, and ZIP CODE</b> ARLINGTON                      VA                      22209		<b>3. IS THIS REPORT FOR :</b> <input type="checkbox"/> Primary <input type="checkbox"/> General

**4. TYPE OF REPORT** (Check here  if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	<p style="text-align: center;">Monthly Report Due On:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input checked="" type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ <span style="margin-left: 150px;">(Type of Election)</span> election on _____ in the State of _____  <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input checked="" type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input checked="" type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT       YES       NO

<b>5. COVERING PERIOD</b>	<b>FROM</b> 04/01/2008	<b>THROUGH</b> 04/30/2008
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	.....	2468.76
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	.....	5278.22
8. SUBTOTAL (Lines 6 and 7)	.....	7746.98
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	7601.30
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	145.68
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	182147.73
13. EXPENDITURES SUBJECT TO LIMITATION	.....	0.00
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	0.00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	0.00

**I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.**

Type or Print Name of Treasurer <b>MIKE GRAVEL</b>	Date 06/15/2009
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

<b>For further information contact:</b> Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	<b>FEC FORM 3P</b> <b>(01/2001)</b>
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**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

2 / 49

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>MIKE GRAVEL FOR PRESIDENT 2008</b>		Report Covering the Period From: 04/01/2008 To: 04/30/2008	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	5176.22	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	102.00	0.00	
(d) The Candidate .....	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	5278.22	0.00	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00	
(b) Other Loans .....	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating .....	0.00	0.00	
(b) Fundraising .....	0.00	0.00	
(c) Legal and Accounting .....	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	0.00	0.00	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	5278.22	0.00	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	7601.30	0.00	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS .....	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate .....	0.00	0.00	
(b) Other Repayments .....	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	0.00	0.00	
29. OTHER DISBURSEMENTS .....	0.00	0.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	7601.30	0.00	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 49

1. NAME OF COMMITTEE (in full) <b>MIKE GRAVEL FOR PRESIDENT 2008</b>					
ADDRESS (number and street) 1600 N OAK ST #1412					
CITY, STATE, and ZIP CODE ARLINGTON VA 22209			2. IDENTIFICATION NUMBER C00423202		

### ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 49  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial)  
ANONYMOUS ANONYMOUS

Mailing Address  
UNKNOWN

City State Zip Code  
UNKNOWN

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 03 / 2008

Amount of Each Receipt this Period: 20.00

CONTRIBUTION - MONEY ORDER

Transaction ID: SA17A.20631

**B.** Full Name (Last, First, Middle Initial)  
MIKE BOZARTH

Mailing Address  
5207 SWIFT AVE

City State Zip Code  
SAINT JOSEPH MT 54504

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 14 / 2008

Amount of Each Receipt this Period: 50.00

CONTRIBUTION

Transaction ID: SA17A.20605

**C.** Full Name (Last, First, Middle Initial)  
GEARY DANIEL

Mailing Address  
1064 HOLLYWOOD AVE

City State Zip Code  
SALT LAKE CITY UT 84105

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 03 / 2008

Amount of Each Receipt this Period: 20.00

CONTRIBUTION

Transaction ID: SA17A.20026

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 49  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

**A.**

Full Name (Last, First, Middle Initial) HRD DG		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
Mailing Address 1064 HILLYARD AVE		Amount of Each Receipt this Period 20.00
City SALT LAKE CITY	State Zip Code UT 84105	
FEC ID number of contributing federal political committee.		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00	
		Transaction ID: SA17A.20634

**B.**

Full Name (Last, First, Middle Initial) WINTER FARREL		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address 229 GILBERT DRIVE		Amount of Each Receipt this Period 30.00
City SANTA ROSA	State Zip Code CA 95405	
FEC ID number of contributing federal political committee.		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 30.00	
		Transaction ID: SA17A.20604

**C.**

Full Name (Last, First, Middle Initial) BOGENRIEF GRETCHEN		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
Mailing Address 501 SLATERS LN#708		Amount of Each Receipt this Period 100.00
City ALEXANDRIA	State Zip Code VA 22314	
FEC ID number of contributing federal political committee.		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	
		Transaction ID: SA17A.20025

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 49
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

<b>A.</b>		Date of Receipt	
Full Name (Last, First, Middle Initial) Posson Kristin		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8	
Mailing Address 1148 Twyla Road		Amount of Each Receipt this Period	
City State Zip Code Cary NC 27519		250.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION	
Name of Employer Occupation None NONE		Transaction ID: SA17A.19949	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b>		Date of Receipt	
Full Name (Last, First, Middle Initial) HOWARD LEE		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8	
Mailing Address P.O.BOX 1258		Amount of Each Receipt this Period	
City State Zip Code NEWINGTON VA 22122		100.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION	
Name of Employer Occupation HOWARD LEE ESQ MANAGING DIRECTOR		Transaction ID: SA17A.20602	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 100.00	

<b>C.</b>		Date of Receipt	
Full Name (Last, First, Middle Initial) JASON ERIC MACDONALD		M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8	
Mailing Address 171 SAGEWOOD TCE		Amount of Each Receipt this Period	
City State Zip Code WILLIAMSVILLE NY 14221		10.00	
FEC ID number of contributing federal political committee.		CONTRIBUTION	
Name of Employer Occupation		Transaction ID: SA17A.20636	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	360.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) TIM MORGAN		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	8													
Mailing Address 616 NIKKI DRIVE		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						
City State Zip Code PETALUMA CA 94954	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																						
FEC ID number of contributing federal political committee.		CONTRIBUTIION																				
Name of Employer ESH	Occupation METHEOLOGIST	Transaction ID: SA17A.20022																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Schneider Rachel		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	6		2	0	0	8													
Mailing Address 3718 1st Ave. S.		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																						
FEC ID number of contributing federal political committee.		CONTRIBUTION																				
Name of Employer Neighborhood Involvement	Occupation ACCOUNTING ASSISTANT	Transaction ID: SA17A.19926																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Herrmann Sharon		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	0	8													
Mailing Address 108 Kitty Drive		Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						
City State Zip Code Grafton VA 23692	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																						
FEC ID number of contributing federal political committee.		CONTRIBUTION																				
Name of Employer Colonial Williamburg	Occupation Waitress/Student	Transaction ID: SA17A.19957																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00
750.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td>1350.00</td> </tr> </table>	1350.00
1350.00		

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 49
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) INDEPENDENT NATIONAL COMMITTEE		Date of Receipt
	Mailing Address P.O. BOX 10950		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	MIAMI	FL	33101
	FEC ID number of contributing federal political committee.		<input type="text" value="51.00"/>
Name of Employer		Occupation	CONTRIBUTION
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="51.00"/>	
<input type="checkbox"/> Other (specify) ▼			Transaction ID: SA17C.20641

<b>B.</b>	Full Name (Last, First, Middle Initial) INDEPENDENT NATIONAL COMMITTEE		Date of Receipt
	Mailing Address P.O. BOX 10950		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	MIAMI	FL	33101
	FEC ID number of contributing federal political committee.		<input type="text" value="51.00"/>
Name of Employer		Occupation	CONTRIBUTION
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="102.00"/>	
<input type="checkbox"/> Other (specify) ▼			Transaction ID: SA17C.20642

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="102.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="102.00"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

A.	Full Name (Last, First, Middle Initial) <b>CINGULAR WIRELESS</b>  Mailing Address P.O.BOX 6463  City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19811 Date of Disbursement 04 / 03 / 2008  Amount of Each Disbursement this Period 242.63  101 Category/ Type
B.	Full Name (Last, First, Middle Initial) <b>CINGULAR WIRELESS</b>  Mailing Address P.O.BOX 6463  City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE/INTERNET Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19819 Date of Disbursement 04 / 28 / 2008  Amount of Each Disbursement this Period 146.12  101 Category/ Type
C.	Full Name (Last, First, Middle Initial) <b>CONTINENTAL AIRLINES INC</b>  Mailing Address 1600 Smith Street  City Houston State TX Zip Code 77002 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19848 Date of Disbursement 04 / 03 / 2008  Amount of Each Disbursement this Period 224.00  101 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>612.75</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# Schedule B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

A.	Full Name (Last, First, Middle Initial) <b>PARK PLACE HOTEL</b>	<b>Transaction ID:</b> SB23.19870
	Mailing Address 5877 Poplar Avenue	Date of Disbursement MM / DD / YYYY 04 / 08 / 2008
	City MEMPHIS State TN Zip Code 38119	Amount of Each Disbursement this Period 185.62
	Purpose of Disbursement TRAVEL EXPENSES	101 Category/ Type
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>PAYLESS CAR RENTAL</b>	<b>Transaction ID:</b> SB23.19871
	Mailing Address 3346 Kettner Blvd.	Date of Disbursement MM / DD / YYYY 04 / 08 / 2008
	City San Diego State CA Zip Code 92101	Amount of Each Disbursement this Period 205.35
	Purpose of Disbursement TRAVEL EXPENSES	101 Category/ Type
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>CHRIS PETHRICK</b>	<b>Transaction ID:</b> SB23.19824
	Mailing Address 16305 WOODVILLE ROAD	Date of Disbursement MM / DD / YYYY 04 / 25 / 2008
	City BRANDYWINE State MD Zip Code 20613	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement EXPENSE REIMBURSEMENT	101 Category/ Type
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>790.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**Schedule B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB23.19849 Date of Disbursement
	Mailing Address 156 Mescal Loop	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Lake Havasu City State AZ Zip Code 86403	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSES	<input type="text" value="88.50"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB23.19844 Date of Disbursement
	Mailing Address 156 Mescal Loop	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Lake Havasu City State AZ Zip Code 86403	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSES	<input type="text" value="163.00"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB23.19839 Date of Disbursement
	Mailing Address 156 Mescal Loop	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Lake Havasu City State AZ Zip Code 86403	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSES	<input type="text" value="88.50"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="340.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES  Mailing Address 156 Mescal Loop  City Lake Havasu City State AZ Zip Code 86403 Purpose of Disbursement TRAVEL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.19840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 83.50
<b>B.</b>	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES  Mailing Address 156 Mescal Loop  City Lake Havasu City State AZ Zip Code 86403 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.19816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 150.00
<b>C.</b>	Full Name (Last, First, Middle Initial) STATLER HOTEL  Mailing Address 130 Statler Drive, Cornell Unvers  City ITHACA State NY Zip Code 14853 Purpose of Disbursement TRAVEL EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.19852 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 485.90

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	719.40
<b>TOTAL</b> This Period (last page this line number only) .....	



**Schedule B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 49

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19843 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 15.32
<b>B.</b>	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19834 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 11.07
<b>C.</b>	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19829 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 15.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	41.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# Schedule B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

A.	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19830 Date of Disbursement 04 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 15.00
B.	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19826 Date of Disbursement 04 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 10.00
C.	Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28262 <hr/> Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.19821 Date of Disbursement 04 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 25.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# Schedule B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 49

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

A.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB23.19822 Date of Disbursement
	Mailing Address P.O. Box 563966	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="25.00"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB23.19823 Date of Disbursement
	Mailing Address P.O. Box 563966	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="35.00"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB23.19814 Date of Disbursement
	Mailing Address P.O. Box 563966	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28262	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES	<input type="text" value="10.00"/>
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5840.88"/>

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4621**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	20900.00	9100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 24 Y Y Y Y 2006	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	9100.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4629**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 24 Y Y Y Y 2006	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>3000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 49
FOR LINE NUMBER: (check only one)	
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4622**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 27 Y Y Y Y 2006	12/31/2006	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input type="text" value="15000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4623**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS**

Date Incurred MM DD YY YY 09 27 2006	Date Due 12/31/2008	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	100.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4726**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 2 5 Y Y Y Y 2 0 0 6	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.4743**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 3 0 Y Y Y Y 2 0 0 6	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	6000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 1 8 Y Y Y Y 2 0 0 6	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.5215**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
806.74	0.00	806.74

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 7 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	806.74
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / 49
FOR LINE NUMBER: (check only one)	
<input checked="" type="checkbox"/>	19a
<input type="checkbox"/>	19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.5217**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON	State VA ZIP Code 22209

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
181.87	0.00	181.87

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 7 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="181.87"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5220

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95.70	0.00	95.70

**TERMS**

Date Incurred: MM DD YY 02 23 2007 Date Due: 12/31/2008 Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	95.70
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.5216**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 5 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	1500.00
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.5219**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
43.59	0.00	43.59

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 6 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	43.59
<b>TOTALS</b> This Period (last page in this line only) .....	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5221

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 8 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / 49
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**MIKE GRAVEL FOR PRESIDENT 2008**

**Transaction ID: SC/12.5218**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MIKE GRAVEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1600 NO OAK ST APT 1412	
City ARLINGTON State VA ZIP Code 22209	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
787.83	0.00	787.83

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 08 Y Y Y Y 2007	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>787.83</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>47615.73</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CHRISTINE D'AMICO			Nature of Debt (Purpose): CONSULTING FEES FIELD REP CT
Mailing Address 2612 NORTH AVE D-9			
City BRIDGEPORT	State CT	ZIP Code 06604	

Outstanding Balance Beginning This Period 1500.00		<b>Transaction ID: SD12.20453</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DICKSTEIN SHAPIRO LLP			Nature of Debt (Purpose): LEGAL FEES APRIL 2008
Mailing Address 1825 EYE STREET NW			
City WASHINGTON	State DC	ZIP Code 20006	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD12.20016</b>	
Amount Incurred This Period 6914.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6914.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jacobson Elliott			Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR
Mailing Address 1001 3rd Street, SW			
City Washington	State DC	ZIP Code 20024	

Outstanding Balance Beginning This Period 3000.00		<b>Transaction ID: SD12.20419</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11414.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jacobson Elliott			Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR
Mailing Address 1001 3rd Street, SW			
City Washington	State DC	ZIP Code 20024	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		<b>Transaction ID: SD12.20418</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jacobson Elliott			Nature of Debt (Purpose): CONSULTING - FUNDRAISING
Mailing Address 1001 3rd Street, SW			
City Washington	State DC	ZIP Code 20024	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		<b>Transaction ID: SD12.20014</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MIKE GRAVEL			Nature of Debt (Purpose): EXPENSE REIMBURSEMENT - HQ RENTAL
Mailing Address 1600 NO OAK ST APT 1412			
City ARLINGTON	State VA	ZIP Code 22209	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		<b>Transaction ID: SD12.20648</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> SUSAN GRIFFIN			Nature of Debt (Purpose): CAMPAIGN COORDINATION
Mailing Address 5520 COVINGTON CT #106			
City DEARBORN	State MI	ZIP Code 48126	

Outstanding Balance Beginning This Period 525.00		<b>Transaction ID:</b> SD12.20436	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 525.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MINDI IDEN			Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION
Mailing Address 149 S. Barrington Ave. #326			
City LOS ANGELES	State CA	ZIP Code 90049	

Outstanding Balance Beginning This Period 3000.00		<b>Transaction ID:</b> SD12.19797	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BECKY ISAIS			Nature of Debt (Purpose): CONSULTING FEE FOR FIELD REP NV
Mailing Address 5512 VISTA RIDGE WAY			
City KEARNS	State UT	ZIP Code 84118	

Outstanding Balance Beginning This Period 1050.00		<b>Transaction ID:</b> SD12.20450	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	4575.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 36 / 49  
 FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RODRIGUEZ JOSE	Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER
Mailing Address 1435 MONROE ST NW	
City State ZIP Code WASHINGTON DC 20010	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	<b>Transaction ID: SD12.20411</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RODRIGUEZ JOSE	Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER
Mailing Address 1435 MONROE ST NW	
City State ZIP Code WASHINGTON DC 20010	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	<b>Transaction ID: SD12.20412</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RODRIGUEZ JOSE	Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER
Mailing Address 1435 MONROE ST NW	
City State ZIP Code WASHINGTON DC 20010	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	<b>Transaction ID: SD12.19794</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">2500.00</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">7500.00</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RODRIGUEZ JOSE			Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER
Mailing Address 1435 MONROE ST NW			
City WASHINGTON	State DC	ZIP Code 20010	

Outstanding Balance Beginning This Period 2500.00		<b>Transaction ID:</b> SD12.20015	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL			Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT			
City BRISTOW	State VA	ZIP Code 20136	

Outstanding Balance Beginning This Period 2500.00		<b>Transaction ID:</b> SD12.18205	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL			Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT			
City BRISTOW	State VA	ZIP Code 20136	

Outstanding Balance Beginning This Period 2500.00		<b>Transaction ID:</b> SD12.18206	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	7500.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL			Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT			
City BRISTOW	State VA	ZIP Code 20136	

Outstanding Balance Beginning This Period 2500.00		Transaction ID: SD12.19795	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL			Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT			
City BRISTOW	State VA	ZIP Code 20136	

Outstanding Balance Beginning This Period 2500.00		Transaction ID: SD12.20427	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL			Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT			
City BRISTOW	State VA	ZIP Code 20136	

Outstanding Balance Beginning This Period 2500.00		Transaction ID: SD12.20428	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	7500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
 (check only one)  11  
 12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KG INTERNATIONAL	Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES
Mailing Address 11311 TRENTON CT	
City State ZIP Code BRISTOW VA 20136	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID: SD12.20011</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="1000.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1000.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AFIFA KLOUJ	Nature of Debt (Purpose): CONSULTING FEES FOR OFFICE MANAGEMENT
Mailing Address 1001 3RD STREET SW #804	
City State ZIP Code WASHINGTON DC 20024	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1050.00"/>	<b>Transaction ID: SD12.20440</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1050.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> JON KRAUS	Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER
Mailing Address 4702 BELMONT DR	
City State ZIP Code EMMAUS PA 18049	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3000.00"/>	<b>Transaction ID: SD12.20416</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input style="width:100%;" type="text" value="5050.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JON KRAUS			Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER
Mailing Address 4702 BELMONT DR			
City EMMAUS	State PA	ZIP Code 18049	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: SD12.20417	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JON KRAUS			Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER
Mailing Address 4702 BELMONT DR			
City EMMAUS	State PA	ZIP Code 18049	

Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD12.19791	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JOE LAURIA			Nature of Debt (Purpose): CONSULTING FEES NATL PUBL- ICITY DIRECTOR
Mailing Address 205 PINEHURST AVE #6J			
City NEW YORK	State NY	ZIP Code 10033	

Outstanding Balance Beginning This Period 1050.00		Transaction ID: SD12.20430	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	6050.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> mosier lynne			Nature of Debt (Purpose): CONSULTING FEES CALIFORNIA COORDINATOR
Mailing Address 76 patrick way			
City	State	ZIP Code	
half moon bay	CA	94019	

Outstanding Balance Beginning This Period		Transaction ID: SD12.19793	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> SKYLER MCKINLEY			Nature of Debt (Purpose): CONSULTING FOR INFORMATION TECHNOLOGY
Mailing Address 1815 S. QUEEN WAY			
City	State	ZIP Code	
LAKWOOD	CO	80232	

Outstanding Balance Beginning This Period		Transaction ID: SD12.20457	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CASEY MCLLVAIN			Nature of Debt (Purpose): CONSULTING ALTERNATIVE DEBATE TECHNOLOGY
Mailing Address 225 LYCEUM AVE			
City	State	ZIP Code	
PHILADELPHIA	PA	19128	

Outstanding Balance Beginning This Period		Transaction ID: SD12.20455	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	500.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	10500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DAVID NELSON VAN-DETTE			Nature of Debt (Purpose): CONSULTING FIELD REP FL
Mailing Address 1013 RIDGE ROAD			
City LARGO	State FL	ZIP Code 33770	

Outstanding Balance Beginning This Period 525.00		Transaction ID: SD12.20444	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 525.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DAVID NELSON VAN-DETTE			Nature of Debt (Purpose): CONSULTING FEES FIELD REP FL
Mailing Address 1013 RIDGE ROAD			
City LARGO	State FL	ZIP Code 33770	

Outstanding Balance Beginning This Period 1050.00		Transaction ID: SD12.20446	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NETWORK GUILD LLC			Nature of Debt (Purpose): CONSULTING FEES FOR WEBIS-TE MANAGEMENT
Mailing Address 1068 TREVINO LN			
City HENDON	State VA	ZIP Code 20170	

Outstanding Balance Beginning This Period 10000.00		Transaction ID: SD12.18207	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11575.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NETWORK GUILD LLC			Nature of Debt (Purpose): CONSULTING FEES FOR WEBIS-TE MANAGEMENT
Mailing Address 1068 TREVINO LN			
City HENDON	State VA	ZIP Code 20170	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD12.20421</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NETWORK GUILD LLC			Nature of Debt (Purpose): CONSULTING FEES FOR WEBIS-TE MANAGEMENT
Mailing Address 1068 TREVINO LN			
City HENDON	State VA	ZIP Code 20170	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD12.20422</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NETWORK GUILD LLC			Nature of Debt (Purpose): CONSULTING FEES FOR WEBIS-TE MANAGEMENT
Mailing Address 1068 TREVINO LN			
City HENDON	State VA	ZIP Code 20170	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD12.20423</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="7500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NETWORK GUILD LLC			Nature of Debt (Purpose): CONSULTING FEES FOR WEBIS-TE MANAGEMENT
Mailing Address 1068 TREVINO LN			
City HENDON	State VA	ZIP Code 20170	

Outstanding Balance Beginning This Period 2500.00		<b>Transaction ID:</b> SD12.20424	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CHRIS PETHRICK			Nature of Debt (Purpose): CONSULTING FEES FOR CAMPAIGN MAGT
Mailing Address 16305 WOODVILLE ROAD			
City BRANDYWINE	State MD	ZIP Code 20613	

Outstanding Balance Beginning This Period 7498.00		<b>Transaction ID:</b> SD12.20012	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7498.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CHRIS PETHRICK			Nature of Debt (Purpose): CONSULTING FEES FOR CAMPAIGN MAGT
Mailing Address 16305 WOODVILLE ROAD			
City BRANDYWINE	State MD	ZIP Code 20613	

Outstanding Balance Beginning This Period 7498.00		<b>Transaction ID:</b> SD12.20246	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7498.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	17496.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CHRIS PETHRICK			Nature of Debt (Purpose): CONSULTING FEES FOR CAMPAIGN MAGT
Mailing Address 16305 WOODVILLE ROAD			
City BRANDYWINE	State MD	ZIP Code 20613	

Outstanding Balance Beginning This Period 7498.00		Transaction ID: SD12.20425	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7498.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CHRIS PETHRICK			Nature of Debt (Purpose): CONSULTING FEES FOR CAMPAIGN MAGT
Mailing Address 16305 WOODVILLE ROAD			
City BRANDYWINE	State MD	ZIP Code 20613	

Outstanding Balance Beginning This Period 3749.00		Transaction ID: SD12.20426	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3749.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> GEORGE REBH			Nature of Debt (Purpose): PHOTOGRAPH
Mailing Address 4899 35TH RD NORTH			
City ARLINGTON	State VA	ZIP Code 22207	

Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD12.20448	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	13247.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> George Ripley	Nature of Debt (Purpose): CONSULTING FEES FIELD REP DC
Mailing Address 1425 Monroe S. NW	
City State ZIP Code Washington DC 20010	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="525.00"/>	<b>Transaction ID: SD12.20447</b>	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="525.00"/>

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> APRIL SHARPLEY	Nature of Debt (Purpose): CONSULTING CAMPAIGN COORDINATION
Mailing Address 3801 TATTERSHALL LANE	
City State ZIP Code AUSTIN TX 78727	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2500.00"/>	<b>Transaction ID: SD12.18204</b>	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2500.00"/>

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> APRIL SHARPLEY	Nature of Debt (Purpose): CONSULTING CAMPAIGN COORDINATION
Mailing Address 3801 TATTERSHALL LANE	
City State ZIP Code AUSTIN TX 78727	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1500.00"/>	<b>Transaction ID: SD12.19798</b>	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1500.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input style="width:100%;" type="text" value="4525.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor DAN SWARTZ	Nature of Debt (Purpose): FILM PRODUCTION
Mailing Address 95 HORATIO ST APT 406	
City NEW YORK State NY ZIP Code 10014	

Outstanding Balance Beginning This Period 1050.00	<b>Transaction ID:</b> SD12.20432	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor RICH SWARTZ	Nature of Debt (Purpose): FILM PRODUCTION
Mailing Address 95 HORATIO ST APT 406	
City NEW YORK State NY ZIP Code 10014	

Outstanding Balance Beginning This Period 1050.00	<b>Transaction ID:</b> SD12.20434	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor TELENOMICS GROUP	Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT
Mailing Address 1515 N WARSON RD, ST LOISE, MO 63	
City ST LOUISE State MO ZIP Code 63132	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID:</b> SD12.18200	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	5100.00
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  11  12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TELENOMICS GROUP			Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT
Mailing Address 1515 N WARSON RD, ST LOISE, MO 63			
City ST LOUISE	State MO	ZIP Code 63132	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		<b>Transaction ID: SD12.18201</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TELENOMICS GROUP			Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT
Mailing Address 1515 N WARSON RD, ST LOISE, MO 63			
City ST LOUISE	State MO	ZIP Code 63132	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		<b>Transaction ID: SD12.18202</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TELENOMICS GROUP			Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT
Mailing Address 1515 N WARSON RD, ST LOISE, MO 63			
City ST LOUISE	State MO	ZIP Code 63132	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		<b>Transaction ID: SD12.19796</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="9000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 / 49	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	11
	<input checked="" type="checkbox"/>	12

NAME OF COMMITTEE (In Full)  
 MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TELENOMICS GROUP			Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT
Mailing Address 1515 N WARSON RD, ST LOISE, MO 63			
City ST LOUISE	State MO	ZIP Code 63132	

Outstanding Balance Beginning This Period		Transaction ID: SD12.20420	
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	134532.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	47615.73
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	182147.73